

CALIFORNIA SUMMER FOOD SERVICE PROGRAM START-UP/EXPANSION GRANTS APPLICATION INSTRUCTIONS

This Application Package consists of the following:

1. ATTACHMENT 1: Letter of Intent - The California Department of Education (CDE) requires a letter of intent from each eligible school or county office of education to start-up or expand a Summer Food Service Program (SFSP). The program must be in operation for at least three years from the date the meal service is initiated or expansion activities are complete. Eligible schools and/or county offices of education must agree to expend grant funds consistent with the budget, as reflected in Attachment 3, subject to approval by Nutrition Services Division (NSD).

An authorized official of the district or county superintendent must sign the Letter of Intent. If school or county board approval is required to confirm the commitment to start or expand a SFSP, and you are confident of obtaining approval but cannot accomplish it before submitting the application, please initial the line indicated on the Letter of Intent. Evidence of board approval must be submitted to NSD prior to release of funds.

2. ATTACHMENT 2: Questionnaire - Provide detailed, concise answers to all the questions. If more space is needed, attach additional sheets. This information is an integral part of the NSD grant application.
3. ATTACHMENT 3: Budget - Please complete all items on the budget form. If no funds are requested for a specific item, write "0" for that item. Enter amounts in whole dollars only (no cents). Start-up and expansion funds may be used for nonrecurring costs only. Indirect costs will **not** be allowed.

Send applications via regular or express mail to:

California Department of Education
Nutrition Services Division
Summer Food Service Program
560 J Street, Suite 270
Sacramento, CA 95814-2342
Attention: Patty Atherton, Program Analyst

Fax applications to:

(800) 333-5775
Attention: Patty Atherton, Program Analyst

The **original** of the faxed application **must** be mailed to the above address as soon as possible for your application to be considered complete.

All complete applications must be received no later than April 15, 2000.

CALIFORNIA SUMMER FOOD SERVICE PROGRAM START-UP/EXPANSION GRANT APPLICATION

LETTER OF INTENT

INSTRUCTIONS: Complete this form for each applicant site.

Subject to funding by the California Department of Education (CDE), Nutrition Services Division (NSD), sites meeting the California Summer Food Service Program Start-Up/Expansion Grant eligibility criteria,

Agreement Number (if applicable)

_____, agrees to:

Name of District/County Office of Education

1. **(Fill in appropriate blank)** Initiate a SFSP during _____
month/year

OR

Complete SFSP expansion activities during _____
month/year

at _____
Name of School/Site

2. Expend funds only according to the budget estimates as approved by NSD.
3. Operate the SFSP for at least three years.

Signature of Authorized Official

Printed Name of Authorized Official

Title of Authorized Official

() _____
Telephone Number Date

If applicable:

This Letter of Intent is contingent upon school board approval. The grant application will be presented at the next regularly scheduled board meeting on _____. Evidence of board approval must be submitted to NSD prior to expenditure of funds.

Initials of Authorized Official

USDA and the NSD are equal opportunity providers and employers.

**CALIFORNIA SUMMER FOOD SERVICE PROGRAM
START-UP GRANT APPLICATION
QUESTIONNAIRE**

INSTRUCTIONS: Complete this form for each applicant site.

Name of School/Site

Address of School/Site

Agreement Number (if applicable)

Name of School District/County Office of Education

Address of School District/County Office of Education

Name and Title of Contact Person for Grant Application

() _____
Contact Person's Phone Number

Does the District or County Office of Education currently have any other sites participating in the Summer Food Service Program (SFSP)? () Yes () No

Please answer the questions below for the applicant site.

1. How many children are enrolled at this site? _____
2. If application is for a County Office of Education, what is the percentage of migrant children served at this site? _____
3. For the school that qualifies this site, what percentage of the enrollment is approved for free and reduced priced lunches? _____
4. What is the estimated number of children who will be served at this site, if grant is awarded? _____

- What is the source?

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- This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

If this application is for START-UP FUNDS, answer Questions 7 and 8. If this application is for EXPANSION FUNDS, skip Questions 7 and 8.

7. Please indicate the reasons or obstacles that account for this school/site not previously implementing the SFSP (check **all** that apply):

- ☐ a. Objections from school, government or community officials
- ☐ b. Employee contractual problems
- ☐ c. Problems with facilities
- ☐ d. Other school/sites with higher needs
- ☐ e. Inadequate staff to supervise
- ☐ f. Cost factor analysis
- ☐ g. Other, specify: _____

Please elaborate on each point checked. (Attach additional sheets as necessary):

- a. _____

- b. _____

- c. _____

- d. _____

- e. _____

- f. _____

- g. _____

8. How will obstacles indicated in Question #7 be overcome in order to operate a SFSP with the requested start-up funds?

a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

g. _____

h. _____

If this application is for START-UP FUNDS, skip Question 9. If this application is for EXPANSION FUNDS, answer Question 9.

- [illegible]

**CALIFORNIA SUMMER FOOD SERVICE PROGRAM
START-UP/EXPANSION GRANT APPLICATION
BUDGET**

INSTRUCTIONS: Complete this form for **each** applicant site.

Name of School/Site

Name of School District/County Office of Education

Agreement Number (if applicable)

TOTAL GRANT REQUEST (for applicant site) \$ _____

COST PER PARTICIPANT (grant request/participant) \$ _____

If the cost per participant exceeds \$45, attach a page providing detailed justification.

Please complete all items on the Budget. **You must provide specific detailed justification for all requests for your application to be considered.**

EXPLANATION:

- Funding is **only** for nonrecurring costs.
- No funds are allowed for purchasing/processing food.
- No indirect costs may be charged to this program.
- No funds are allowed for salaries and benefits of permanent staff.
- No funds can be requested for equipment or services already under contract or on order.
- Enter cost amounts in **whole** dollars only.

Any "**special circumstances**" for which funds are requested must be explained in detail. For example, if transportation equipment is requested, an explanation of its use, such as to transport satellite meals, must be provided. Other examples could include kitchen remodeling, or satellite meal system.

Nonrecurring personnel expenses must be explained in terms of how they relate to SFSP start-up/expansion. Only that portion of a permanent staff member's salary which is directly related to the SFSP start-up/expansion effort will be allowed. For instance, funds needed for bookkeeping, the normal duties of meal service employees, accountability, or computer personnel **are not** allowable. However, using funds to train these employees about the SFSP or to travel to observe existing SFSPs is allowable.

When requesting equipment, the capacity and quantity of items requested must be appropriate to the enrollment as well as to the number of needy students in the school.

EQUIPMENT:

<u>Item</u>	<u>Cost*</u>	<u>**</u>	<u>%</u>
A. _____	\$ _____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____
D. _____	_____	_____	_____
E. _____	_____	_____	_____
F. _____	_____	_____	_____
G. _____	_____	_____	_____
EQUIPMENT TOTAL	\$ _____		

- If an item will be used for both school lunch and SFSP, the percentage of use indicated determines funding for that item (e.g. list \$50 as the cost for a \$100 item that will be used 50% of the time for lunch preparation during the traditional school year and 50% of the time for lunch preparation during the SFSP).

- **NOTE: Include sales tax.**

** Check here if this is a replacement item.

% If an item will be used for school lunch and SFSP, indicate the approximate percentage of use for SFSP. If used for SFSP only, indicate 100%.

Important:

- If any of the above requested items are to replace existing equipment, explain the reason for replacing that equipment.
- Requests for the following items must be explained in the justification, particularly since these items may already be in use for school lunch:

Tables and chairs, serving lines, transport equipment, large capacity ovens, refrigerators, coolers, freezers, mixers, skillets, microwaves, preparation tables, remodeling or rewiring of kitchens to accommodate new equipment, range hoods, safety equipment, ice machines, dishwashers, trays and utensils.

- Special circumstances require detailed explanations before a funding determination can be made. Examples of such circumstances include:

Schools with infrequent deliveries, schools serving as a central kitchen, satellite schools, schools with satellite meal services that wish to prepare their own meals, schools currently without a meal program and/or schools currently without kitchens.

Justification for each equipment item (attach additional sheets if necessary):

A. _____

B. _____

C. _____

D. _____

E. _____

F. _____

G. _____

OUTREACH:

Describe outreach efforts or promotional materials you will be using, such as mailing information to parents regarding the availability of the SFSP or incentives for participation.

IMPLEMENTATION/EXPANSION:

Describe any anticipated implementation or expansion costs such as substitutes for food service personnel while receiving training or travel to other schools to observe SFSPs.

Note: If requesting funds for a staff member as a trainer or start-up/expansion coordinator, explain how the function will differ from the normal duties of the food service director and how much time they will be engaged in training and start-up/expansion activities.

- | | | |
|----|------------------------------|----------|
| A. | Travel | \$ _____ |
| B. | Publications | _____ |
| C. | Materials | _____ |
| D. | Nonrecurring personnel costs | _____ |
| E. | Other costs | _____ |

OUTREACH and/or IMPLEMENTATION/EXPANSION TOTAL \$ _____

Important:

- If requested funds for training, include in your explanation the staff to be trained; the purpose of the training; and training costs (e.g., staff salaries for training time, cost of substitutes, trainer, materials, etc.).

Justification for each outreach/implementation item (attach additional sheets if necessary):

- A. _____

- B. _____

- C. _____

- D. _____

- E. _____
